MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

CLAIM	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	\					
2						
3		?				
4		2				
5		2				
6		8				
7		2				
8	\					
9		2				
10		\				
11		1				
12	\					
13	\					
14	\					
15		3				
16		3				
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	5					

CLAIM		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
55							
56							
57							
58							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							